

Application Data Sheet

Application Information

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|----------------------------------|---|
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested Classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | None |
| Number of CD disks:: | |
| Number of Copies of CDs:: | |
| Sequence Submission?:: | None |
| Computer Readable Form (CRF):: | No |
| Number of copies of CRF:: | 0 |
| Title:: | NEW METHOD TO MEASURE A T CELL RESPONSE AND ITS USES TO QUALIFY ANTIGEN-PRESENTING CELLS |
| Attorney Docket Number:: | 0508-1136 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | |
| Total Drawing Sheets:: | 18 |
| Small Entity?:: | No |
| Latin Name:: | |
| Variety Denomination Name:: | |
| Petition Included?:: | No |
| Petition Type:: | |
| Licensed US Gov't Agency:: | |
| Contract or Grant Numbers:: | |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: JEAN-PIERRE
Middle Name::
Family Name:: ABASTADO
Name Suffix::
City of Residence:: PARIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 56, RUE LABROUSTE
Address::
City of Mailing Address:: PARIS
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-75015

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: NADEGE
Middle Name::
Family Name:: BERCOVICI
Name Suffix::
City of Residence:: PARIS
State or Province of
Residence::
Country of Residence:: FRANCE
Street of Mailing 54, RUE DE VOUILLE
Address::
City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-75015

Applicant Authority Type:: Inventor

Primary Citizenship Country:: UNITED STATES OF AMERICA

Status:: Full Capacity

Given Name:: MARC

Middle Name:: S.

Family Name:: ERNSTOFF

Name Suffix::

City of Residence:: US-HANOVER

State or Province of NEW HAMPSHIRE

Residence::

Country of Residence:: UNITED STATES OF AMERICA

Street of Mailing 4, STEVENS ROAD

Address::

City of Mailing Address:: US-HANOVER

State or Province of Mailing Address:: NEW HAMPSHIRE

Country of Mailing Address:: UNITED STATES OF AMERICA

Postal or Zip Code of Mailing Address:: 03755-3113

Applicant Authority Type:: Inventor

Primary Citizenship Country:: UNITED STATES OF AMERICA

Status:: Full Capacity

Given Name:: ALICE

Middle Name:: L.

Family Name:: GIVAN

Name Suffix::

City of Residence:: US-DURHAM

State or Province of NEW HAMPSHIRE

Residence::

Country of Residence:: UNITED STATES OF AMERICA

Street of Mailing P.O. BOX 311

Address::

City of Mailing Address:: US-DURHAM

State or Province of Mailing Address:: NEW HAMPSHIRE

Country of Mailing Address:: UNITED STATES OF AMERICA

Postal or Zip Code of Mailing Address:: 03824

Applicant Authority Type:: Inventor

Primary Citizenship Country:: ITALY

Status:: Full Capacity

Given Name:: ALESSANDRA

Middle Name::

Family Name:: NARDIN

Name Suffix::

City of Residence:: PARIS

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 12, RUE DE LANGEAC

Address::

City of Mailing Address:: PARIS

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: F-75015

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: MARGARITA

Middle Name::

Family Name:: MAGGUILLI born SALCEDO

Name Suffix::

City of Residence:: CHATILLON

State or Province of

Residence::

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Country of Residence:: FRANCE
Street of Mailing 52, AVENUE DE LA DIVISION LECLERC
Address::
City of Mailing Address:: CHATILLON
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: F-92320

Applicant Authority Type:: Inventor
Primary Citizenship Country:: UNITED STATES OF AMERICA
Status:: Full Capacity
Given Name:: PAUL
Middle Name:: K.
Family Name:: WALLACE
Name Suffix::
City of Residence:: US-NORWICH
State or Province of VERMONT
Residence::
Country of Residence:: UNITED STATES OF AMERICA
Street of Mailing P.O. BOX 1068
Address::
City of Mailing Address:: US-NORWICH
State or Province of Mailing Address:: VERMONT
Country of Mailing Address:: UNITED STATES OF AMERICA
Postal or Zip Code of Mailing Address:: 05055

Correspondence Information

Correspondence Customer 00466
Number::

Representative Information

| | |
|-------------------------|-------|
| Representative Customer | 00466 |
| Number:: | |

10/537500

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Domestic Priority Information

| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|------------------|----------------------|-------------------------|-------------------------|
| This application | National Stage of | PCT/EP03/13579 | 12/2/03 |
| | | | |

Foreign Priority Information

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|-------------------------|---------------|-----------------------|
| U.S.A. | 60/430,347 | 12/3/02 | Yes |
| | | | |

Assignment Information

Assignee Name::

Street of Mailing

Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::